

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 091763916

FILING DATE

APPLICANT(S)

2-26-04

CLAIMS

NUMBER	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.
1	/			
2				
3				
4				
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42	/	/		
43	/			
44	/			
45	/			
46	/			
47	/			
48	/			
49	/			
50	/			
TOTAL IND.		↓		↓
TOTAL DER.		↓		↓
TOTAL CLAIMS				

*	IND.	DER.	IND.	DER.	IND.	DER.
51	/					
52	/					
53	/					
54	/					
55	/					
56	/					
57						
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99						
100						
TOTAL IND.	10		↓			
TOTAL DER.	32		↓			
TOTAL CLAIMS	32		↓			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS